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ABSTRACT

For several years, researchers have systematically investigated therapeutic communication in the counseling relationship. Although comparative studies have assessed the similarities and differences among various approaches, no one has compared verbal and art therapeutic communication. This study analyzed the demonstrated equivalence of verbal and art therapeutic communication in ten individual interview sessions using a well-explicated model: the SITE (sequential initiating, tracking, and enhancing) skills model. Two men and three women served as voluntary participants for an individual interview session with an art therapist and a separate interview session with a verbal therapist. Investigators recorded 113 observable therapist responses while the total number of SITE responses was 961. Results indicate that art and verbal therapeutic communication used parallel methods and can be evaluated against a common therapeutic standard: the SITE skills model. Although researchers observed differences between these two types of therapy, the pattern of responses was overall more similar than dissimilar. Some other noted similarities included client content control, avoidance of interpretation, and consistent and appropriate responses. Session length and therapist style, especially the art therapist's direct intervention, presented two observable differences in the therapeutic process. It is suggested that verbal therapy and art therapy be used together in a complementary manner. Contains 18 references. (RJM)

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ED 374 366

Parallels Between Art and Verbal Therapeutic Communication

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Abstract

This study investigated the demonstrated equivalence of verbal and art therapeutic communication through a well-explicated model. The SITE (sequential initiating, tracking, and enhancing) skills model (Gerber, 1986) was used to catalogue therapist responses in ten individual interview sessions. The study used an art therapist and a verbal therapist who conducted interview sessions with each of the five participants, using their area of expertise. Results supported the assumption that there is a parallel between therapeutic communication using verbal responses and communication through art. Although differences were observed between the two types of therapy, the pattern of responses was overall more similar than dissimilar. Implications and limitations of the results are discussed.

Parallels Between Art and Verbal Therapeutic Communication

For several years, evidence has been systematically and extensively gathered with regard to therapeutic communication in the counseling relationship. There is some debate in the literature regarding the skills which constitute the most effective therapeutic communication; however, a comprehensive review of this literature supports the assumption that "all therapists share similar techniques that promote client progress and prepare the way for more specialized techniques" (Gerber, 1986, p. 16). A number of researchers have documented that specific therapist verbal responses (e.g., reflection, paraphrase, summarization) are related to desirable client behavior (Auerswald, 1974; Cormier & Cormier, 1979; Gerber, 1986; Ivey, 1972; Ivey & Authier, 1978; Ivey & Gluckstern). However, therapist verbal responses represent only part of the therapeutic process. Additional variables such as acceptance, trust, and congruence are facilitative dimensions that are imperative throughout the therapy process (Adler, 1963; Carkhuff & Truax, 1966; Rogers, 1957; Satir, 1972).

Although comparative studies have been conducted to assess the similarities and differences among various approaches (Corsini, 1991; Ivey &

Authier, 1978; Rawlins, Eberly & Rawlins, 1991), no comparison has been made regarding verbal and art therapeutic communication. Whereas verbal therapies rely heavily upon language and its meaning as a method for gaining access to client circumstance and style, communication within the facilitation and structuring of the art therapy process is often unspoken. Communication takes place in the process of the image and it's symbolic expression (Case & Dalley, 1992; Rubin, 1984; Wadeson, 1980). This is not intended to suggest that verbal exchange is not a part of art therapy, but that words serve to clarify and explain that which occurs in the art process itself (Case & Dalley, 1992; Rubin, 1984; Wadeson, 1980).

Several similarities were revealed from a review of the literature on art and verbal therapeutic communication: both emphasize (a) the therapeutic relationship, (b) session structure, (c) nonverbal and verbal communication, (d) process over content, (e) avoidance of interpretation, and (f) determining client circumstance and style prior to intervention. In addition, the literature showed that in the same way art therapists have used words for the purpose of communication, so have verbal therapists used art. These findings support the assumption that there is a parallel between therapeutic communication using verbal responses and communication through art.

The purpose of the present study was to investigate the demonstrated equivalence of verbal and art therapeutic communication through a well-explicated model. The SITE (sequential initiating, tracking, and enhancing) skills model (Gerber, 1986) was used to catalogue therapist responses in ten individual interview sessions. The study used an art therapist and a verbal therapist who conducted individual interview sessions with each of the five participants, using their area of expertise. The researcher, educated in the SITE skills system, interpreted and catalogued the interactions based on the SITE skills model. The study also examined whether or not art therapy interactions could be labeled with SITE system labels, and whether the use of some skills were affected to a greater extent than others, depending on the therapist or the therapeutic process.

Method

Subjects

Five individuals served as voluntary participants for an individual interview session with an art therapist and a separate interview session with a verbal therapist. The volunteers, who were drawn from an area commonly referred to as the Inland Northwest, varied in education, occupation, and experience. Two males, ages twenty-four and fourty-two, and three females,

ages fifteen, nineteen, and fourty, participated in the study. Selection and representation of one Hispanic, one Native American, one African American, and two Caucasion individuals addressed issues of diversity. All were of at least average functioning ability, willing to process personal issues, and open to and motivated in using art as a therapeutic tool. None of the volunteers recieved any reimbursement, monetary or otherwise, for participating in this study. All volunteers were treated in accordance with the "Ethical Principles of Psychologists" (American Psychological Association, 1981).

The study used five participants and two therapists who had not worked with the participants prior to this study. The therapists were Dr. Sterling Gerber and Dr. Valerie Appleton, both of the Applied Psychology Department at Eastern Washington University, Cheney, Washington. Dr. Gerber is author and founder of Responsive Therapy and an expert in the field of verbal therapeutic communication. Dr. Appleton is a published and highly respected registered art therapist (A.T.R.). The therapists remained consistent throughout the study.

Materials

All interview sessions were conducted at Eastern Washington University, in a specified classroom consisting of two chairs, one table, three

stationery video cameras, a ceiling microphone, and art materials. The table was not used during the interview sessions conducted by Dr. Gerber. A divider was used to offset the work station from the rest of the room, thus creating a more intimate environment. The audio and video was managed by the researcher in a separate control room to avoid intrusion on the process. Data was recorded on standard VHS cassette tapes. The art materials were selected by Dr. Appleton and remained consistent in all sessions. They consisted of one tablet of white newsprint paper, chalk pastels and porcelain based clay. Water and towels were provided for the practical consideration of clean-up.

Procedure

Participants were informed of the purpose of the study prior to implementation. Instructions included the purpose of the study, voluntary participation, participant rights and responsibilities, and written informed consent. Both therapists were aware of the purpose of the study. Each therapist was asked to conduct a fourty-five minute interview session with each of the five participants, using his or her area of expertise. Sessions were conducted back to back over a three month period. A double blind method was used to cancel out practice effects. Dr. Gerber conducted initial sessions with participants 1,3 & 5 and Dr. Appleton conducted initial sessions with

participants 2 and 4. Upon completion of these sessions, Dr. Gerber conducted sessions with participants 2 and 4, whereas Dr. Appleton proceeded with participants 1,3 & 5.

Each session was videotaped, and the researcher, educated in the SITE skill system, interpreted the interactions based on the SITE skill model. More specifically, the sessions were transcribed by an official court reporter, the researcher identified therapist responses and counted the similar dynamics. The researcher used a SITE skills checklist, based on the skills reported in Responsive Therapy, and placed a mark in the appropriate column following the demonstration of a skill. Responses not identified by the SITE system were placed in a category labeled *other*.

Following data collection, the marks under each column heading were tallied and proportional scores were calculated to determine what skills were used and what proportion of total therapist responses fell into each catagory. A separate proportional analysis of SITE responses only was conducted. The results were recorded on computer and stored in files.

Results

Agreement for Therapists

The total number of observable therapist responses was 1113; total

SITE responses was 961, each of which was independently judged by the researcher. Descriptions for the SITE responses are shown in Table 1. The total number of quantifiable verbal responses for the verbal therapist was 230; the total for the art therapist was 883. Added to verbal responses was the evaluation of touch, the quantity of which was included in the computation. The total number of quantifiable SITE responses for verbal therapeutic communication was 225; the total for art therapeutic communication was 736. Skills that were not quantifiable, such as management of the tracking skills, proper use of silence, pacing, minimizing interrogation, and managing the process were examined by the researcher and found to be utilized by both therapists, with exception to the quantity of interrogative leads used by the art therapist. Client behavior was not examined by this study.

Agreement Levels for Categories

A descriptive technique was used to indicate levels of agreement within categories. The results in Table 2 indicated that both therapists used similar responses in the communication process. The overall time spent in sessions may have contributed to a greater number of responses in art therapy than if the total time had been the same for both (art=3 hrs. 52 min. 42 sec.;

Table 1
Therapist SITE Response System

1. Indirect lead: This requests an exploration of the situation without purposely limiting the nature of the response to a yes or no or a one- or two-word response (e.g., "Tell me about yourself").

2. Paraphrase of content: This is a simple rephrasing of the client's statement(s). It is a precise, denotative statement of client verbage.

3. Summary of content: This is a summarization of what has been discussed.

4. Paraphrase of message: This is a statement of therapist awareness of what is really happening. A rephrasing of the client's message which may be phrased either tentatively or as a statement.

5. Structure of content: This is a topic statement followed with examples; examples followed by a conclusion.

6. Traffic sign: This is a specific word or phrase which when emphasized, will elicit a deeper client response (e.g., "it", "but", "I would be okay if", "I should").

7. Reflection of feeling: This is a therapist statement of client emotion. It must contain reference to stated or implied feelings.

8. Formalizing nonverbal cues: This points out or inquires about aspects of the client's nonverbal messages.

9. Description of situation: This is a therapist statement of what is "missing" from the client's story.

10. Summary of message: This is a summarization of the areas of concern.

11. Perception check: This asks the client to evaluate the therapist statement (e.g., "Correct me if I'm wrong", "Let's see if I'm understanding right").

12. Physical contact/touch: This is used to provide enhancement to the relationship.

13. Managing the tracking skills: This is the therapists timing and rationale for use of the skills.

14. Proper use of silence: This provides a subtle pressure for client talk and a time for reflection. For the purpose of the present study, it is a pause of 5 seconds or more following a client or therapist statement.

15. Pacing: This is matching the client's verbal and nonverbal behavior (e.g., body posture, voice tone or level, facial expressions, gestures).

16. Minimizing interrogation: This is to avoid requests that limit the nature of the response to a yes or no or a one- or two-word response.

17. Managing the process: This is marked by client disclosure, therapist process control, therapist paraphrase of messages, minimal interrogation, and consistent and appropriate responses.

Note. Descriptions are adapted from Responsive Therapy: A Systematic Approach to Counseling Skills by Sterling K. Gerber. Copyright 1986 by Human Sciences Press, New York, N.Y.

verbal= 3 hrs. 4 min. 3 sec.). Proportional scores indicated that the total response usage between therapists was notably different in approximately fifty percent of all categories. The proportional difference in catagories labeled indirect leads, paraphrase of message, structure of content, summary of message, touch, interrogative leads, and other reflected a difference in session structure

Table 2
Agreement Between Total Therapist Response on Each Category

Category	No. and proportion of responses			
	Verbal		Art	
	N	P	N	P
1. Indirect lead	41	17.8	59	6.7
2. Paraphrase of content	13	5.7	29	3.3
3. Summary of content	7	3.0	6	0.7
4. Paraphrase of message	70	30.4	113	12.8
5. Structure of content	10	4.3	3	0.3
6. Traffic Sign	5	2.2	12	1.4
7. Reflection of feeling	7	3.0	36	4.1
8. Formalizing nonverbal cues	7	3.0	6	0.7
9. Description of situation	18	7.8	37	4.2
10. Summary of message	17	7.4	8	0.9
11. Perception check	3	1.3	8	0.9
12. Physical contact/touch	8	3.5	4	0.4
13. Interrogative leads	19	8.3	415	47.0
14. Other	5	2.2	147	16.6

and interaction.

Proportional scores obtained for the SITE skills only indicated slight differences within and between categories from the total therapist responses. The results of this tabulation in Table 3 suggest (a) art therapy interactions

Table 3
Agreement Between Therapist Response on Each SITE Category

Category	No. and Proportion of responses			
	Verbal		Art	
	N	P	N	P
1. Indirect lead	41	18.2	59	8.0
2. Paraphrase of content	13	5.7	29	3.9
3. Summary of content	7	3.1	6	0.8
4. Paraphrase of message	70	31.1	113	15.4
5. Structure of content	10	4.4	3	0.4
6. Traffic Signs	5	2.2	12	1.6
7. Reflection of feeling	7	3.1	36	4.9
8. Formalizing nonverbal cues	7	3.1	6	0.8
9. Description of situation	18	8.0	37	5.0
10. Summary of message	17	7.6	8	1.1
11. Perception check	3	1.3	8	1.1
12. Physical contact/touch	8	3.6	4	0.5
13. Interrogative leads	19	8.4	415	56.4

could be labeled with SITE system labels, (b) SITE skills were used by both therapists, and (c) some skills were used to a greater extent than others, depending on the therapist or the therapeutic process. The systematic application of the SITE skills contributed to a greater percentage of verbal

therapist responses in all but two categories. In addition to a larger response percentage in categories 7 and 13, the art therapist offered information, suggestions, and instruction for media and process clarification, as well as session structure. Responses that were not identified by the SITE skills system were placed in the category labeled *other*. These responses were instruction, encouragement, reinforcement, self-disclosure, and socializing. Descriptions for these responses are provided in Table 4.

SITE system behaviors that were observed but were not quantifiable consisted of managing the tracking skills, proper use of silence, pacing, and managing the process. Both therapists used silence for reflection and pressure, yet it was observed that the verbal therapist used silence to a much greater extent. Elements of pacing were observed in both types of therapeutic interactions in basically the same way. Both therapists maintained control of the process, identified and paraphrased messages, and used consistent and appropriate responses. Differences in the management of the process were observed primarily in the art therapist's use of interrogation and her verbally interactive style.

Table 4
Responses Not Identified by SITE System

1. Instruction: This is to supply information, direction, or advice for what the client should do in the therapeutic process.

2. Encouragement: This is a therapist statement that indicates understanding and support, without request for continued disclosure.

3. Reinforcement: This indicates agreement by providing support, comfort, and regard.

4. Self-disclosure: This is to yield personal information, experiences, and feelings to the client.

5. Socializing: This refers to unrelated dialogue, small talk, or "chit chat".

Discussion

The research evidence supports the assumption that art and verbal therapeutic communication use parallel methods and can be evaluated against a common therapeutic standard, the SITE skills model. The "universality" of the SITE system model proposed by Gerber (1986) is somewhat supported by the results of this study. Response agreement between therapists seems to be fairly well represented in all but one category of the SITE system. Interrogation was

not minimized by the art therapist in this study. However, support for interrogative leads is given in the art therapy literature (Harlan, 1990; Phillips, 1992; Rubin, 1984; Sourkes, 1991; Wadeson, 1980). Discrepancies in the systematic application of the skills reflects differences in session structure, prior skills training, and therapist style. It is interesting to note that in this study, the art therapist was more "verbal" than the verbal therapist.

Structuring of the verbal therapy sessions followed the systematic application of the SITE skills system. Gerber (1986) discusses variations in therapist style to account for differences in skills management. The logical application of responses by the verbal therapist seems to account for the greater proportional use of SITE skills as applied to the verbal processes. By contrast, use of the SITE skills within the structuring of the art therapy sessions seemed to be more "intuitively [based] as a result of vicariously identifying with the client's circumstance" (p.77). This may account for the earlier application of tracking skills and a higher percentage in the categories of reflection of feeling and interrogative leads.

Skills which were not identified by the SITE system model were labeled *other*. The additional skills used by the art therapist consisted of instruction (e.g., "I want you to put the pastel in your non-dominant hand"),

encouragement (e.g., "One of the things that I'm not concerned about at all is how beautiful or pretty the picture looks"), reinforcement (e.g., "I think this is just great"), self-disclosure (e.g., "I had worked on a burn unit"), and socializing (e.g., "It was nice to come out even though you're kind of feeling tired today"). Verbal therapist responses listed as *other* were directed primarily at instruction (e.g., "The purpose initially is for me to try to know you") and encouragement (e.g., "One of the mixed blessings is being able to wear a blue bandana").

Although exposure to the SITE skills system does seem to account for some discrepancy in the systematic application of SITE skills between these two therapies, the degree to which prior training and experience contributed to the overall results is unclear. However, it can be assumed that knowledge of the SITE skills model contributed to the skills usage in both therapeutic processes. The art therapist's additional use of instruction, self-disclosure, reinforcement, and interrogative leads is supported by art therapy literature (Harlan, 1990; Phillips, 1992; Rubin, 1984; Sourkes, 1991; Wadeson, 1980). The consistency of skills between the art therapist in this study and the literature has implications for comparisons between art and verbal therapeutic communication. If the art therapist followed an art therapy protocol, then it can

be assumed that therapeutic communication in art uses the skills identified by the SITE model.

Although differences were observed between these two types of therapy, the pattern of responses was overall more similar than dissimilar. Session length and therapist style presented two observable differences in the therapeutic processes. The use of art media in prolonging the process can account for the difference in session length. In addition to the use of media, one notable observation of therapist style centered on the art therapist's interactive nature. Whereas the verbal therapist used silence to a greater degree, the art therapist's responses were immediate and many.

The art therapist's interactive style marks a noteworthy distinction in this study. In contrast to the art therapy literature which maintains that the therapist acts as an active observer during the art process (Case & Dalley, 1992; Rubin, 1984; Wadeson, 1980), the art therapist in this study used direct intervention throughout the process. Many of these interventions were directed at the facilitation and processing of images produced in the art products, as well as to the client. The nature of these responses (i.e., indirect leads, paraphrase of the art content, reflection of the feeling in the art, and paraphrase of the art message) paralleled the interventions used by the verbal

therapist. However, these interventions did not result in the intrusiveness purported by the art therapy literature. What was observed was a deepening of the therapeutic relationship and greater client disclosure. Although this deviation from the literature's review of "standard" practice may have negative implications for the findings in this study, it can be assumed that the overall therapeutic communication in the art process parallels that which is supported by the literature.

Skewing of the data occurred as a result of the quantity of art therapist responses in the catagories of interrogative leads and *other*. Manipulation of the data on the basis of removing the two most frequently used catagories of the art therapist would produce results of a more proportional nature, thus indicating more similarity between therapeutic communications. Results of this computation are shown in Table 5.

Just as the preceeding discussion has demonstated an equivalence between verbal responses, other common elements were observed in the analysis of the communication processes. Client content control, avoidance of interpretation, and consistent and appropriate responses were evident in both processes. In addition, both therapists seemed to (a) maintain control of the process, (b) have a clear timing and rationale for the use of the skills, and (c)

Table 5
Agreement Between Therapist Response on Categories Excluding Interrogative Leads and Other

Category	No. and proportion of responses			
	Verbal		Art	
	N	P	N	P
1. Indirect lead	41	19.9	59	18.4
2. Paraphrase of content	13	6.3	29	9.0
3. Summary of content	7	3.4	6	1.9
4. Paraphrase of message	70	34.0	113	35.2
5. Structure of content	10	4.8	3	0.9
6. Traffic sign	5	2.4	12	3.7
7. Reflection of feeling	7	3.4	36	11.2
8. Formalizing nonverbal cues	7	3.4	6	1.2
9. Description of situation	18	8.8	37	11.5
10. Summary of message	17	8.3	8	2.5
11. Perception check	3	1.5	8	2.5
12. Physical contact/touch	8	3.9	4	1.2

use the skill of pacing as a away to understand client circumstance and style. More specifically, observable elements of these processes consisted of parallel skills, similar responses under similar conditions, identification of messages, and the matching of posture, voice tone and level, and gestures with that of the client. Although there was no control for therapist bias, the parallel processes

of these two therapists gives support to the assumption that art and verbal therapeutic processes use similar communication.

There are some limitations to this study. The overall sample size provided adequate responses for comparison purposes, but due to the odd number of participants, practicing effects may not have been accounted for. This could partially account for the proportional differences in the use of skills between the two therapists.

Participant error in the discrimination of the responses may have influenced the results. Some confusion occurred among the catagories of paraphrase of content, paraphrase of message, and description of situation. Some leads were observed to be "incomplete" leads and therefore were not accounted for in the data collection. The use of raters might have contributed to greater accuracy in skills identification and reporting.

In addition, the art therapist's experience in the use of the SITE skills model may have affected the results of the study. By using an art therapist not trained in the SITE system, the results might have indicated a greater contrast between the two therapies.

Verbal therapy and art therapy can be used together in a complimentary manner. The research offers a new perspective on the similarities between art

and verbal therapeutic communication. The similarity between the therapists' use of skills supports the assumption that art and verbal therapies use parallel methods of communication. Consistency of approaches may provide new alternatives for treatment.

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